

Project Option - 2.7.1 Implement innovative evidence-based strategies to increase appropriate use of technology and testing for targeted populations (TB patients or suspected TB patients)

Unique Project ID: 0937740-08.2.4

Performing Provider Name/TPI: City of Houston Department of Health and Human Services/0937740-08

Project Summary: **Provider:** The performing provider, Houston Department of Health and Human Services (HDHHS) is the public health authority for Houston, Texas with a population of 2.1 million in 2010. HDHHS has 1,100 employees and a budget of \$100,245,403. HDHHS serves the City of Houston through 44 distinct programs. HDHHS provides core public health services to all Houston residents such as air and water quality monitoring and restaurant inspections; birth and death certificates; leadership in emergencies such as hurricanes; operates a comprehensive regional reference laboratory, provides communicable disease prevention and control services and disease surveillance and a variety of health and human services such as the Women, Infants and Children (WIC) nutrition program, senior nutrition services, family planning, oral health services and immunizations via a network of 4 health centers, 14 WIC sites and the Harris County Area Agency on Aging.

Last year, a similar project with a smaller scope, utilizing just two testing modalities served 396 TB patients, of which 119 were completely uninsured. 103 of these were African Americans and 191 were White Hispanic. This project intends to serve 1316 individuals per year to improve TB outcomes.

Intervention(s): The performing provider will implement interventions to rapidly identify and treat TB to reduce TB morbidity and to shorten recovery time for TB patients, by utilizing two testing modalities (the Nucleic Amplification Test and the QuantiFERON test) and a combination INH and RPT Therapy course to meet the program goals.

Need for the Project: This project provides a community level, comprehensive evidence based care to patients that have active or latent TB, and their contacts and suspects. Currently hospitals experience a delay in properly diagnosing TB patients due to the testing methodologies currently used. The project will rapidly and accurately identify cases and provide a short term therapy that cuts down on number of days of hospital stay. According to HCUP, in 2006 TB-related hospital stays accounted for \$752 million in hospital costs, and Medicaid covered 24.4 percent of all TB stays.

Target Population: The target population will be at risk vulnerable populations such as the homeless, chronically ill low income population, refugee and new immigrant population, the indigent and those without access to care or without a medical home who are routinely reported to the performing provider for active or latent TB.

Category 1 or 2 expected patient benefits: Increase the number or percent of patients in defined population receiving innovative intervention consistent with evidence-based model by 5% over baseline in DY4 and by 10% over baseline in DY5.

Category 3 outcomes: IT-4.10 Other Outcome Improvement Target: Average length of stay for patients diagnosed with TB. Decrease average length of stay by 2% in DY4 and by 5% over baseline in DY5.